

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/936495 FILING DATE

APPLICANT(S)

CLAIMS	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4		4		2		
5	1					
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7	1					
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TOTAL IND.	3		3			
TOTAL DEP.	7	↔	5	↔		↔
TOTAL CLAIMS	10		8			

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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